



1350 Atlantic Street
Union City, CA 94587
Phone: 510-475-0404
Fax: 510-475-0192

APPLICATION FOR EMPLOYMENT

(Must Be Completed Even if Attaching a Personal Resume)

PERSONAL DATA

Name: Please PRINT or TYPE Last Name, First Name and Middle Initial	Cell Phone Number: Home Phone Number: Email Address:
Address: Street Number and Name, City, State, Zip Code	Are you over 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO
Permanent forwarding address (if different from above)	If under the age of 18, do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of POSITION applying for:	Date Available:
Type of Employment: Please check box(es) as appropriate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
How were you referred to us: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee (Name: _____) <input type="checkbox"/> Walk-in <input type="checkbox"/> College <input type="checkbox"/> Other: _____	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> No	

EDUCATION/TRAINING

List below your education background, including high school, all colleges, trade and military service schools.

School	Location (City/State)	Major	Graduated		Degree
			Yes	No	
High School/Trade School					
College/Trade School					
Other					
Vocational and/or professional information (i.e. research projects, thesis subject, publications, patents, seminars, job related hobbies, volunteer work).					
Note: Do not list courses taken toward a degree or diploma.					

Dates of Employment	Company Name Address Phone Number	Supervisor Name & Title	Reason for leaving	May we contact? Y or N	Responsibilities

REFERENCES

Please list three people best qualified to comment on your related experience and/or educational background.
Do not include relatives.

Name	Title/Relationship	Address	Business Telephone

If you have ever used a different name for employment or educational purposes, please indicate name:

I certify that the information provided in this application is accurate. I understand that the withholding of information or the giving of false information on the application will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.

I hereby authorize GCM Medical & OEM, Inc. or its representatives to thoroughly investigate my references, education, work record and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I further understand and agree that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am offered employment by GCM, it will be on an at-will basis. This means that either GCM or myself may terminate the employment relationship at any time for any reason, with or without cause and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. Finally, I understand and agree that this constitutes the entire agreement between GCM and myself with regard to this subject.

The Company will consider qualified applicants in a manner consistent with the state and local "Fair Chance" laws.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

Print Name

Signature

Date

For GCM Medical & OEM, Inc. use only.

Hiring Information	Comments
Start Date:	
Position:	
Supervisor:	